

SURGERY RELEASE FORM

Date: _____
Owner: _____
Case No: _____
Street: _____
City: _____
Phone: _____

Patient: _____
Breed: _____
Sex: _____
Age: _____
Color: _____

I am the owner/agent for the owner of the above animal and have the authority to execute this consent. I hereby authorize the performance of the following procedure or operations.

I authorize Faithful Companions Animal Clinic to perform such procedures under any anesthetic or sedation deemed advisable and that hospital support personnel will be employed as deemed necessary by the attending veterinarian. I understand that during the performance of the foregoing procedure and/or operation, unforeseen conditions may be revealed that necessitate the extension of the foregoing procedure/operation or different procedure or operations than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedures or operations as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I have been advised as to the nature of the procedure or operations and the risk involved. I realize that results cannot be guaranteed.

I understand that I am responsible for all fees including: professional fees, medicine, x-rays, hospitalization, laboratory test, and boarding, and that these fees are payable when my pet is discharged. I also understand that my pet must be free from both internal and external parasites while in the clinic. If parasites are found, my pet will be treated and this will be an additional cost to the fees for hospitalization and/or surgery. All surgical patients may receive an injection for pain prior to surgery, which can last up to 12 hours. Pain relief tablets will also be provided for your pet to take home; these tablets will ensure comfort during the recovery of your pet.

I have read and understand this authorization and consent and agree to the information contained herein.

Signed _____

PATIENT INFORMATION

Weight : _____
Is the pet fasting? : _____
When was the dog's/cat's last heat: _____
Is the pet on heartworm prevention: _____
Emergency phone number(s): _____

PROOF OF RABIES VACCINATION IS REQUIRED

PREANESTHETIC SAFETY SCREENING

There is a risk any time anesthesia is used. Your pet may have a pre-existing condition (infection, liver disease, early diabetes, etc.) not apparent during a routine physical examination that could cause complications while under anesthesia. We recommend the following screening test in order to increase your pet's safety and minimize his/her risks while under anesthesia.

The highlighted item(s) indicate our recommendation or mandatory test for the minimum amount of screening that should be done for your pet based on his/her age and other relevant factors. Please indicate which screening test you are approving for your pet by marking the appropriate line with your initials.

I authorize the following for additional anesthesia safety for my pet:

_____ Initial to authorize a **Fiv/Felv Test**

For kittens or outdoor cats not tested for Felv/Fiv within one year, it is strongly recommended that the Felv/Fiv status of your cat is known before undergoing any surgical procedure.

_____ Initial to authorize a **Lab Profile 1** for ages up to 6 years old
(CBC, BUN, Platelets)

Check for clotting, infection, and kidney function.
Recommended for young healthy animals undergoing routine surgery.

_____ Initial if you **declined** these pre-anesthetic safety tests for your pet.

Please initial for the following tests to be performed:

_____ **Heartworm / Ehrlichia / Lyme Test**

Anesthetic procedures or surgeries cannot be performed without having a current negative heartworm test result, or proof of heartworm prevention purchase.

_____ **Lab Profile 2 for ages 6-10 years**

(CBC, Platelets, and brief chemistry profile)
Check for infection, clotting, all organ functions, and diabetes

_____ **Lab Profile 3 for ages 11 years and over**

(Complete CBC, Full blood chemistry)
Check for infections, clotting, all organ functions, and diabetes.

DENTAL PROCEDURES

_____ I understand that oral antibiotics will be prescribed for my pet, if needed, due to severe infection per the Doctor's discretion.

_____ I give authorization for teeth to be extracted on my pet, if necessary, without being notified.

AKC RECOVERY MICROCHIP

While your pet is under anesthesia, would you like us to provide your animal with the Home Again Microchip for \$67.50, which includes the enrollment fee? _____ Yes _____ No

Signature _____ Date _____